

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/520682

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		2				
4		1				
5						
6						
7						
8						
9						
10						
11	1					
12		1				
13			1			
14				1		
15					1	
16						1
17					1	
18						1
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20						1
21					1	
22						1
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24						1
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26						1
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28						1
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30			1			
31				1		
32					1	
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39						1
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41						1
42					1	
43						1
44					1	
45						1
46					1	
47						1
48					1	
49						1
50					1	
TOTAL IND.	25		25		25	
TOTAL DEP.	10	←	18	←	18	←
TOTAL CLAIMS	12		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS					←	